Canadian International Development Agency

Agence canadienne de developpement international

CIDA
takes action against
HIV / AIDS
around the world

Canada

Message from the Minister

Fighting HIV/AIDS is an important part of the work of the Canadian International Development Agency (CIDA). As part of its renewed commitment to social development priorities worldwide and its ongoing commitment to address the HIV/AIDS pandemic, Prime Minister Jean Chrétien announced, at the June 2002 G8 meeting in Kananaskis, Alberta, that Canada will contribute $50 million for HIV vaccine research and development. This contribution supports the work of the International AIDS Vaccine Initiative (IAVI) and the newly formed African AIDS Vaccine Partnership (AAVP), enabling developing countries to be actively involved in all stages of HIV vaccine research and development.

Canada was an early supporter of the Global Health Fund to Fight AIDS, Tuberculosis and Malaria, initiated at the G8 meeting in Genoa in 2001, and has contributed $150 million to the fund in addition to existing Canadian official development assistance commitments.

In September 2000, CIDA made HIV/AIDS one of its social development priorities, along with health and nutrition, basic education, and child protection. Between 2000 and 2005, CIDA's annual funding for HIV/AIDS is quadrupling, for a total five-year investment of $270 million.

This publication, *CIDA takes action against HIV/AIDS around the world*, provides a snapshot of CIDA's innovative HIV/AIDS programs. Although the pandemic is growing—40 million people are now living with HIV/AIDS worldwide—there are signs of hope and reasons for optimism. CIDA programs are making a difference in the fight against HIV/AIDS. We are building on what works, sharing our lessons and experiences with others, and expanding our programs to be more responsive to the evolving nature of the pandemic.

Susan Whelan
Minister for International Cooperation

102-06503/

CIDA

takes action against

HIV/AIDS

around the world

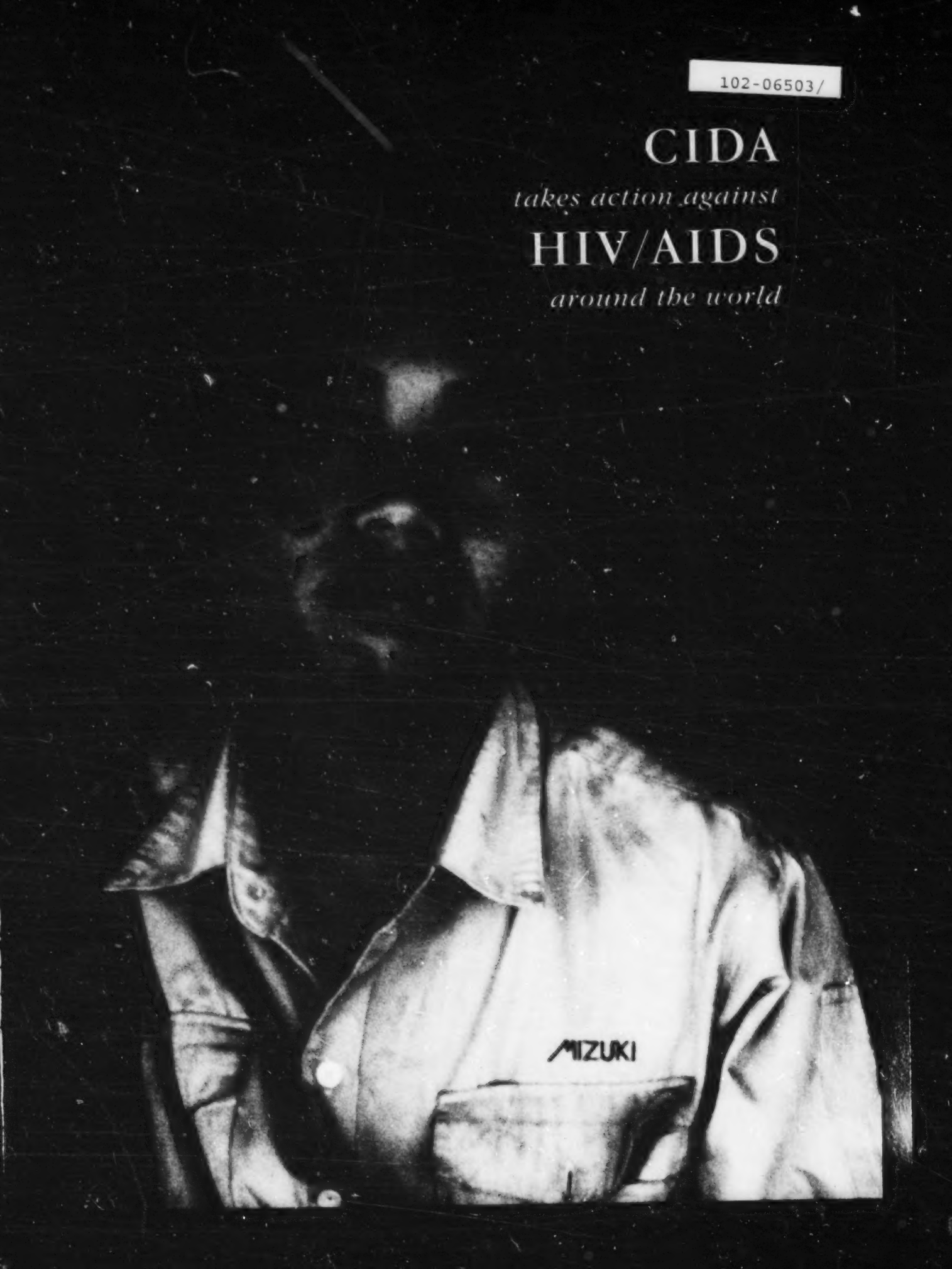


Table of Contents

The face of HIV/AIDS	1
A snapshot of a global pandemic	3
HIV/AIDS is a complex health issue	5
HIV/AIDS is also a complex development issue	7
Highlights of CIDA's HIV/AIDS programming	9
Prevention	10
Community capacity-building	14
Care, treatment and support	16
Human rights and HIV/AIDS	19
Vulnerable populations	21
Political commitment and leadership	23
Research and development	24
Small projects can yield big results	27

AIDS Photo: David Battles

The Face of HIV/AIDS

In Zimbabwe, a 12-year-old girl leaves school to care for her younger siblings after their parents die of AIDS. In Romania, a 15-year-old boy shoots up with a dirty needle, contracting HIV. In Haiti, a mother unknowingly transmits HIV to her newborn through breastfeeding.

According to the Joint United Nations Programme on AIDS (UNAIDS), about 40 million people around the world were living with HIV at the end of 2001. Many do not know they are infected. One third of those who are HIV-positive are young people aged 15–24. And the vast majority of them are in the developing world, where poverty and inequality combine to create conditions that spread the virus and thwart efforts to contain it.

Yet, while the global pandemic increases, there are also stories of hope. In Vietnam, a needle exchange program helps to keep an intravenous drug user from contracting HIV. In Moldova, a student-performed drama about HIV/AIDS makes a teenager in the audience think twice about the risks of unprotected sex. In Zambia, women widowed or children orphaned by HIV/AIDS receive counselling, home care and access to micro-business loans.

Since the United Nations General Assembly Special Session (UNGASS) on HIV/AIDS in 2001, the world has expanded its efforts to respond to the crisis. Increasingly, developing countries are creating national and regional HIV/AIDS strategies. At the same time, donors are working more closely together to help develop and support these new, more-comprehensive approaches.

CIDA Photo: Chris Osler

CIDA Photo / David Trattles

The Canadian International Development Agency (CIDA) launched its HIV/AIDS Action Plan in July 2000, after consultation with many partners. In September of that year, CIDA identified HIV/AIDS as one of its four intersecting social-development priorities, along with health and nutrition, basic education, and child protection. Between 2000 and 2005, CIDA's annual funding for HIV/AIDS is increasing from $20 million to $80 million, for a total five-year investment of $270 million.

In addition to new financial resources, CIDA is looking for ways to use existing resources more efficiently and effectively. To that end, CIDA is moving to integrate HIV/AIDS issues into all of its Africa programming. In 2001, for example, the Agency selected seven projects in Zimbabwe and Zambia to study possible approaches. Several key measures were identified, including disseminating appropriate HIV/AIDS education materials, raising the issue of HIV/AIDS at every opportunity, expanding partnerships with civil society and the private sector and protecting and educating the Agency's own employees and partners.

CIDA's programs are making a difference in the fight against HIV/AIDS. We are building on what works, sharing our lessons and experiences with others, and experimenting with new, innovative approaches. Moreover, in all of our programs, we continue to tackle the root causes of the pandemic: poverty and inequality.

A snapshot of a global pandemic

The figures are staggering: in 2001, 40 million people were living with HIV/AIDS, 5 million people were newly infected with HIV, and 3 million people died of AIDS. Since the pandemic began, more than 60 million people have been infected with the virus, and more than 20 million people have died.

In 2001, the crisis grew:

- HIV/AIDS is now the leading cause of death in sub-Saharan Africa, killing 2.3 million people each year; 3.4 million new infections mean that 28.1 million Africans now live with HIV. In this region, women and girls are being infected in greater numbers than men. In several countries in Southern Africa, HIV-prevalence rates among those aged 15–49 are more than 20 percent.

- In Asia and the Pacific region, an estimated 7.1 million people now live with HIV/AIDS. Low national-prevalence rates in many countries hide epidemics concentrated in specific areas. In countries with large populations such as China and India, low prevalence rates still translate into large numbers of people infected.

- Eastern Europe—especially the Russian Federation—continues to experience the fastest rate of new infections in the world: in 2001, 250,000 new infections brought the number of people with HIV to 1 million.

CDC Photo: David Trattles

- In Latin America and the Caribbean, an estimated 1.8 million adults and children are living with HIV. With its average adult HIV-prevalence rate of 2 percent, the Caribbean is the second most-affected region in the world; however, relatively low national-prevalence rates in most South and Central American countries mask the fact that the epidemic is already firmly lodged among specific population groups.

But there are reasons for hope: in some areas of the world, HIV-prevalence rates are falling; progress in areas such as gender equality, poverty reduction, and education are addressing the factors that drive the pandemic; and new research into microbicides, vaccines, and other prevention strategies give hope for the future. For example:

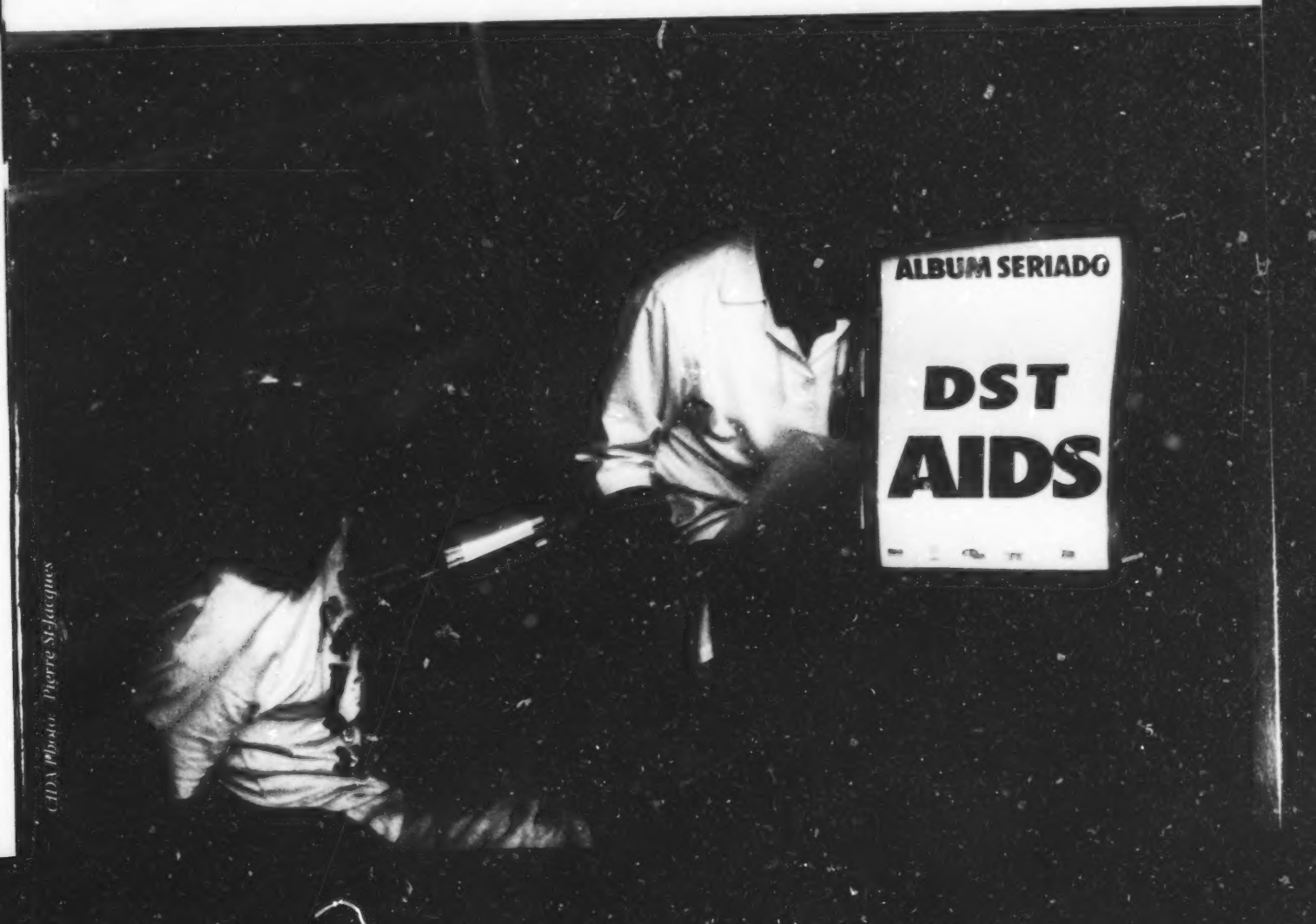
- HIV-prevalence rates among adults continue to fall in Uganda.

- Large-scale prevention programs are shown to work. In Cambodia, strong political leadership and public commitment helped lower HIV-prevalence among pregnant women by one third.

HIV/AIDS is a complex health issue

The human immunovirus (HIV) weakens the immune system, hindering the body's ability to fight other diseases such as tuberculosis (TB) and malaria. Clinical treatment for AIDS-related infections ranges from simple antibiotics to a full year's course of anti-tuberculosis treatment. Anti-retroviral therapies can treat and manage the HIV virus itself; however, health systems in developing countries are often ill-equipped to effectively provide treatment for HIV/AIDS-related infections. The state of health systems, in addition to cost factors, make such treatments largely inaccessible to most people in developing countries.

HIV and TB are closely linked: an increased pool of TB infection in a community contributes to the spread of TB among people living with HIV and everyone else as well. Consequently, as a result of HIV, countries face the twin epidemics of HIV and TB. Indeed, in sub-Saharan Africa, TB is the leading cause of death for people living with HIV/AIDS: 6 out of 12 people living with HIV will develop TB, and two of those people will die from it. In 2001, recognizing the need for a stronger global commitment to these issues, the international community set up the Global Fund to Fight AIDS, Tuberculosis and Malaria; Canada played a leading role in the Fund's creation, including CIDA's contribution of $15 million.



CIDA Photo: Pierre St-Jacques

Photo: UNICEF/HQ97-0230/Jeremy Hartley

HIV/AIDS is also a complex development issue

While HIV causes AIDS, the pandemic itself is driven by the interaction of many factors, including poverty, gender inequalities, unemployment, migrant and refugee flows, conflict, stigma and discrimination, and marginalization. Poverty, in fact, is both a cause and a consequence of the pandemic.

Gender-based power relations between men and women often result in women having a heightened vulnerability to HIV transmission. It can be difficult for women to negotiate safer sex with their partners due to many factors, including gender roles, cultural values and issues of economic independence. Many factors restrict women's ability to be in control of their bodies. While a woman may try to negotiate safer sex by having her client wear a condom, she may not be in a position of power to demand it. Therefore, many women commercial sex workers (CSWs) are at a high risk of contracting HIV through unprotected sex, but continue in the business for financial reasons, often to be able to feed their children.

It has become clear that HIV/AIDS is having a serious economic impact on developing countries. One survey in Kenya estimated that the impact of HIV/AIDS would effectively cause a 14.5-percent drop in gross domestic product (GDP) by 2005. The World Bank has estimated that, in 2000, the total cost of the AIDS epidemic in the Caribbean was close to 6 percent of GDP.

UNDP Photo: Bruce Paton

CDA Photo: David Battles

In the short term, HIV/AIDS robs countries of their most productive workers, sparing no industry or sector. But given the number of children forced to abandon school to care for parents or orphaned siblings, the full economic impact of the pandemic may only be experienced years from now. Significant numbers of young people are growing up without education, leaving countries ill-equipped to meet the challenges of development.

The effect of the pandemic on society is clearly visible: when adults die as a result of AIDS, their loss puts more stress on the extended family to care for the children left behind. And if families cannot cope, the children may end up on the streets, vulnerable to abuse and infection. HIV/AIDS creates a stigma, isolation, and social instability, particularly for women. Women are largely responsible for caring for the sick, and they risk abuse and abandonment once they are known to be HIV-positive.

Highlights of CIDA's HIV/AIDS programming

CIDA's HIV/AIDS Action Plan, released in 2000, guides all of the Agency's programming in this area by setting out priorities, opportunities for greater impact, and future challenges. The Action Plan is based on a number of key areas, including prevention; community capacity-building; care, treatment and support; human rights; vulnerable populations; political commitment and leadership; and research and development. Below, we draw on this action plan to highlight results from ongoing and recently completed projects, lessons learned, or new directions.

While the themes appear self-contained, the reality is quite different. Out of necessity, most of CIDA's projects address more than one of these themes at a time. In southern Africa, for example, many rural, community-based HIV/AIDS projects will start with a focus on prevention, and then expand to include supportive counselling and home care. As home-care patients die, the groups become involved in the welfare of surviving orphans. And finally, through their work with orphans, groups became involved in child-rights advocacy and in the prevention and treatment of sexual abuse of children.

CIDA Photo: David Trattles

Prevention

Prevention is still by far the most effective way to control HIV. In keeping with UNAIDS guidelines, CIDA supports a variety of complementary approaches, including information, education and communication; political commitment and dialogue; promotion and provision of condoms; prevention and treatment of sexually transmitted infections (STIs); access to voluntary counselling and testing; a safe blood supply; methods to reduce mother-to-child HIV transmission; and improving access to reproductive health services, including family-planning counselling for HIV-positive couples.

CIDA Photo - David Trattles

SAKA'S
CARING
OMMUNITY

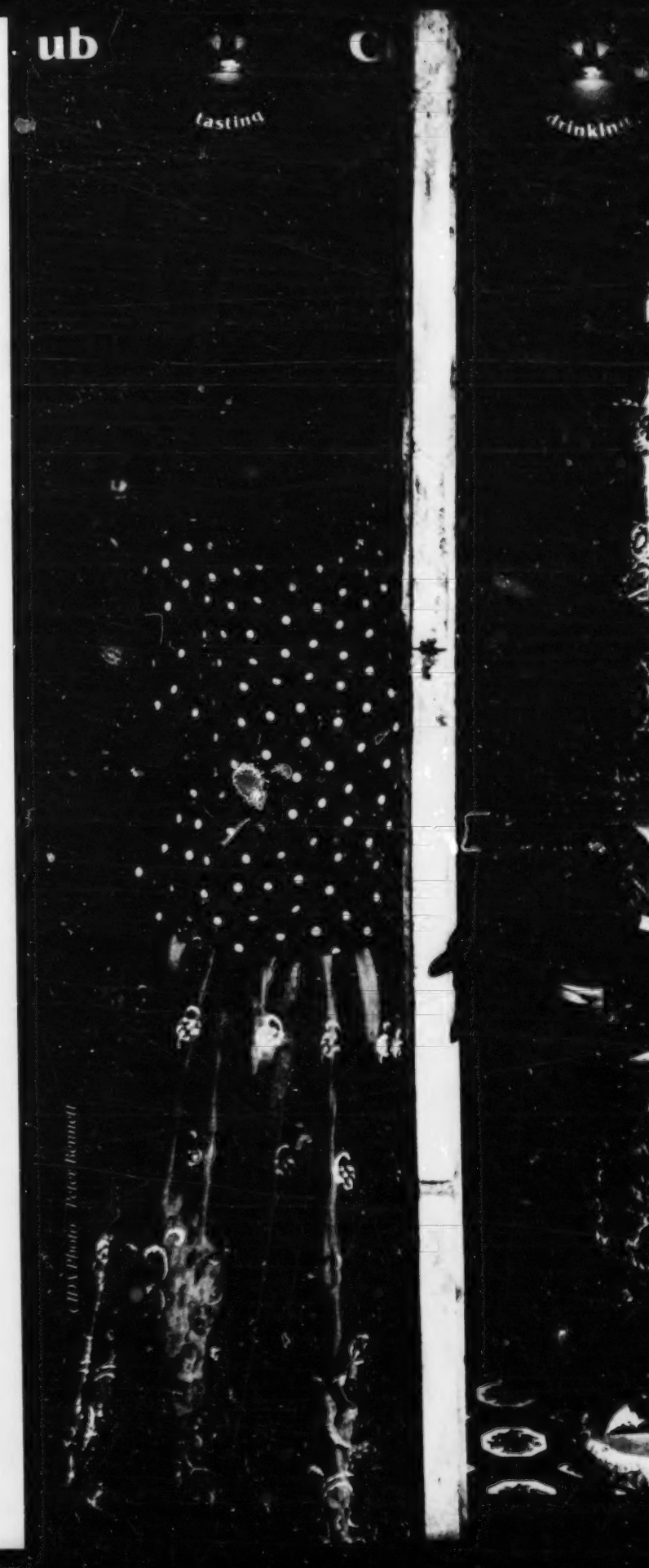
Kenya: commercial sex workers take care of business

A commercial sex worker (CSW) in Nairobi may have up to 1,000 sex contacts every year. She may want her clients to wear condoms, but if it comes down to a choice between safer sex and feeding her children, she may well have unprotected sex, and risk contracting HIV.

A project between the University of Manitoba and the University of Nairobi has concentrated on the role of CSWs in containing the pandemic through the management and prevention of STIs. Through peer education, CSWs are teaching each other about safer sex. Since education alone does not address the root cause of the women's predicament, this project has also spearheaded a business development and microloan program to help CSWs get off the streets.

The project trained 119 female sex workers in small-business development, giving loans to help them develop their own commercial ventures in hairdressing or selling fruit and vegetables or dry goods. Some 72 percent of participating women paid back their loans and applied for a second loan to expand their business.

A third phase for the project is now underway: in addition to peer education, basic business-management training, and the microcredit loan program, the project is developing



CIDA Photo: Peter Bennett

new models of prevention with groups in the private sector and the community.

West Africa: villages in nine countries mobilize for action

Since 1995, CIDA has supported HIV-prevention programs in seven West African countries: Benin, Burkina Faso, Ghana, Guinea, Ivory Coast, Mali, and Senegal. Some 180 smaller projects mobilize communities through education and raising awareness, targeting such high-risk groups as CSWs and seasonal workers. The program supports 500 health centres, enabling more than 3,500 health agents to diagnose and treat STIs. Since 1995, the program has treated 110,000 STIs (74 percent of them in women) and spread awareness among 220,000 people about the dangers of AIDS and how to prevent it.

The project has shown that generic drugs can combat STIs in Africa on a relatively large scale. It has also confirmed the importance of linking community mobilization with health services as a way to prevent HIV infection. A third phase of the program, which includes programs in Niger and Togo, began in June 2001.

Vietnam: a walk-in clinic provides visible lessons

Café Hy Vong was a three-year project in Vietnam supported by CIDA and the British Columbia Centre for Disease Control. In this project, intravenous drug users and CSWs made their way to Café Hy Vong, a special clinic located in a highly visible area near the financial district in Ho Chi Minh City. Every month, the clinic distributed about 40,000 condoms and exchanged up to 18,000 syringes. In addition, the clinic offered free, confidential, and high-quality STI services, as well as an outreach component to increase awareness.

An evaluation of the project yielded some important lessons. In Vietnam, a variety of factors need to be considered, including the political and legal climate, support for HIV/AIDS interventions, rapid growth of sex work and drug use, increasing numbers of CSWs using drugs, and increasing mobility of these high-risk groups. Taking these issues into account, a mobile needle exchange and outreach program of low visibility may be a more effective way to implement controversial programs serving marginalized populations. Based on these experiences and lessons learned, CIDA is planning a new project that will establish a network of clinics and outreach programs in Ho Chi Minh City and the Mekong Delta region.

Russia: a unique partnership takes hold

Officially, Russia, a country of 147 million people, has about 163,000 citizens infected with HIV; however, the seemingly low numbers hide a growing crisis: the number

CIDA Photo: Ted Zimmer

of HIV infections has been doubling annually since 1998. Unofficial estimates suggest that more than one million people in Russia are infected with HIV.

Between 1998 and 2001, CIDA supported Russia's Federal AIDS Program with training and technical support. More than 60 Russian AIDS specialists from seven geographic regions received training in epidemiology, lab diagnostics, clinical care and treatment, prevention and education, and community development. The project also helped support six Russian non-governmental organizations (NGOs) and built an extensive website that is the largest source of HIV/AIDS information in Russian on the Internet.

Building on previous accomplishments, a follow-up project is well underway. It has helped develop a model partnership between Russia's leading government, medical scientific specialists, and NGOs. This is the first time such an inclusive partnership has ever been undertaken in Russia.

Community capacity-building

HIV/AIDS is not restricted to high-risk populations such as truckers, migrants, and CSWs: it affects everyone, and requires a community-driven response; however, communities often lack the skills necessary to help them identify and address their particular problems related to HIV/AIDS. Through its projects, CIDA has helped communities mobilize and develop the capacity to engage in prevention activities; provide appropriate care for those affected by HIV/AIDS; engage in dialogue with political leaders on policy; and address issues of stigma, discrimination, and human rights.

East and Southern Africa: a network of trainers builds skills and confidence

Working in the HIV/AIDS field is stressful, leading to high rates of turnover and burnout of workers. When people leave, their knowledge and experience often go with them. Training courses for employees give them new skills and confidence to do their jobs well and keep organizations effective.

Building on a long history of partnership in the field of STIs, the University of Nairobi and the University of Manitoba have worked together to create the Regional AIDS Training Network (RATN). Since 1997, the RATN has helped strengthen the capacities of other organizations in East and Southern Africa to develop more effective education, prevention, and treatment strategies. A network of 17 partner institutions designs, develops, and delivers short courses that teach clinical, laboratory, research, and counselling community outreach skills to decision makers, managers, and trainers of trainers. To date, nearly 800 students from 21 countries have attended courses on a broad range of HIV/AIDS-related topics. In June 2001, UNAIDS published a case study of the project as part of its Best Practices collection.

"The organization has changed its practices as a result of the course," said one participant. "I am the one directly involved in planning for training, implementing, and evaluating. Most of the things that I learned from the training are directly implemented."

Southern Africa: a "School Without Walls" opens doors to learning

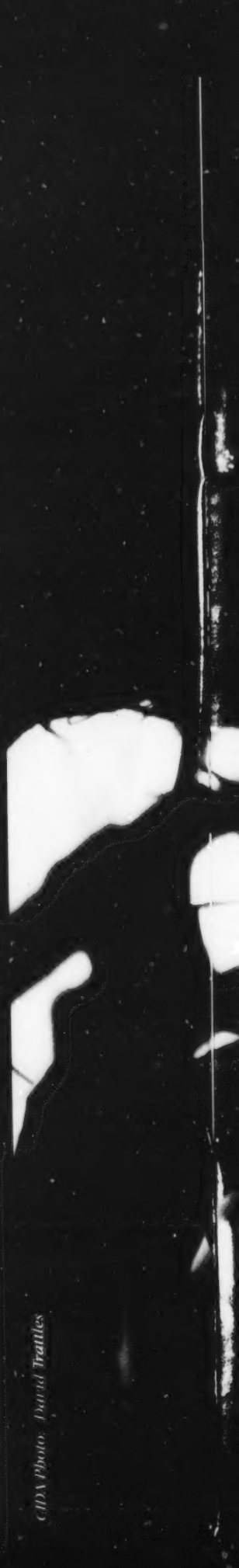
The eight countries with the highest HIV prevalence in the world are all in Southern Africa. Since 1990, CIDA has supported the Canadian Public Health Association and its African partners to strengthen small community groups in the region through the Southern Africa AIDS Training Program (SAT). Many of these groups have since become major players in national policy development, and have become training institutions themselves.

The project's most visible achievement is the "School Without Walls," a loose network of organizations, each with a unique and specific experience. Through study visits, mentoring, apprenticeships, and skills clinics, the partners are involved in prevention, care, and social support services. They also provide peer education and policy in the workplace, as well as counselling and palliative care. During 2000, partners held workshops on survival skills for people living with AIDS, the mother-to-child transmission of HIV, counselling men who have sex with men, and counselling children. The loose structure of the network allows members to identify new priorities quickly and translate them into programs almost instantly.

More than a decade of programming has yielded many powerful lessons, including the need for flexibility. Initially, SAT focused on raising awareness through dedicated urban AIDS service organizations, but these needs were soon met. The focus then shifted to rural areas, where large social and health organizations—largely mission-based—emerged as the most appropriate partners to take on the growing tasks of care and social support. At the same time, the circle of urban partners began to include groups working in politically and socially sensitive areas, such as domestic violence and child sexual abuse. In July 2001, SAT entered into a partnership with Women's Voice, a well-known gender equality advocacy group. This is the first time such a group has explicitly involved itself in the national response to AIDS.

Care, treatment and support

Care, treatment, and support are fundamental elements of an effective response to HIV/AIDS. In many of its projects, CIDA strengthens family- and community-based care, as well as the capacity of health systems to support individuals, households, families, and communities affected by HIV/AIDS. Ultimately, these health systems aim to provide access to affordable medicines, as well as



CIDA Photo: David Trattles

quality medical, palliative, and psychosocial care.

Cambodia: high-risk travellers take another path

The road from Phnom Penh to Sihanoukville is laden with risk. Truck drivers, migrant workers, and CSWs all converge on Highway 4, making it a potent route for HIV infection. With support from CIDA, World Vision Canada has been working to prevent the spread of the virus in districts along the highway. The project focuses on changing behaviour of high-risk groups, strengthening the management of STIs, and establishing home-based care for people living with HIV/AIDS and their families. To date, the project has directly impacted 28,350 people; however, since an estimated one million people will use the highway throughout the course of the project, it will ultimately have much greater reach.

Haiti: HIV-positive women gather for emotional support

For pregnant, HIV-positive women in Port-au-Prince, Haiti, the Centres Gheskio are a sanctuary. Apart from offering clinical services, the counsellors generate an atmosphere of trust and emotional support. In a country with the highest HIV infection rate in the Caribbean, these centres are needed more than ever.

CBX Photo: David Trattles

For the past several years, CIDA has been helping the Centres Gheskio decrease mother-to-child transmission of HIV and other STIs. The project has surpassed its targets on every count. For example, the Centres Gheskio conducted 19,890 HIV tests instead of 12,000; 600 pregnant women, rather than 500, were tested for HIV; and the percentage of children born without infection reached 90 percent, a substantial increase over the goal of 85 percent. In 2002, CIDA also planned a new project to support Haiti's fight against HIV/AIDS and STIs by strengthening institutional capacities, focusing on primary health-care service delivery, and supporting specific prevention and control initiatives.

The Americas: a regional project strengthens health-care systems

Six countries—Argentina, Brazil, Colombia, Ecuador, Paraguay and Venezuela—are addressing the communicable diseases that cause the greatest harm to children, youth, and adults in South America. For children, the target diseases are diarrheal disease and acute respiratory infections; for youth and adults, these are STIs, including HIV/AIDS, Chagas' disease, and TB. With CIDA's support, the project is strengthening the capacity of the participating countries to prevent and control these diseases. The HIV/AIDS component will develop three different activities: second-generation surveillance systems for STIs and high-risk behaviour, the management of curable STIs in primary health-care institutions, and comprehensive care for people living with HIV/AIDS.

Nicaragua: reproductive health becomes a national priority

The Nicaraguan government has identified access to reproductive health services as a national priority. Working with the United Nations Population Fund, CIDA is supporting this goal through a project that targets 30 rural and semi-urban municipalities. The project is expected to increase the capacity of health-care providers dealing with sexual and reproductive issues; and improve access to health care, including HIV/AIDS prevention for men, women, and adolescents, among other priorities.

Human rights and HIV/AIDS

Promoting and protecting human rights reduces vulnerability to infection, drives an effective response to the pandemic, and helps prevent discrimination against those infected and affected by HIV/AIDS. In keeping with goals set by the international community and the Agency's own priorities, many CIDA projects aim to promote and protect human rights through education, advocacy, and support for legislative reform, as well as the development of civil society and government capacity.

Southern Africa: SAT partners take leadership

CIDA's Southern Africa AIDS Training Program (SAT), the first initiative to support local groups in Southern Africa, demonstrated

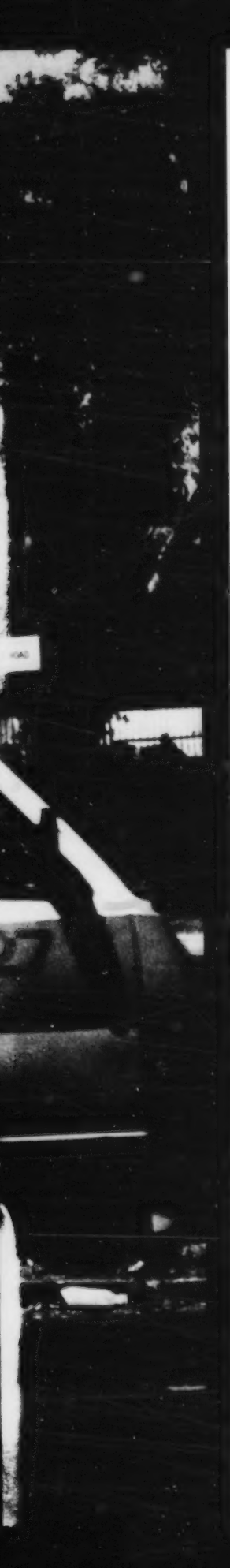
the link between domestic violence and HIV, and between the sexual abuse of children and HIV. Many international agencies have now integrated these two issues into their HIV/AIDS programming.

SAT supports many organizations that advocate for human rights. One of them is Kindlimuka, or Wake Up!, an association of people living with HIV/AIDS in Maputo, Mozambique. Its members, who are involved in education, home-based care, and counselling, are in the front lines in the fight against discrimination. Another SAT-supported group—Women, Law and Development (MULEIDE)—promotes gender equality and advocacy activities, particularly among women, policy-makers, law enforcement agents, and the media. It increases knowledge of women's rights, and lobbies for greater involvement of women in decision-making and community development.

Central and Eastern Europe: partners protect the rights of children and youth

A large project in Central and Eastern Europe has focused on bringing a human-rights and child-rights approach to national strategies on HIV/AIDS, including prevention and education/information programming, and youth-friendly services. This project is implemented by

CIDA Photos: Daniel Traîtes



UNICEF with CIDA funding and the direct involvement of the Canadian Public Health Association.

As they collaborate with government ministries and NGOs, UNICEF and its partners draw on experience with an earlier child-focused project in Romania. Ultimately, they seek to increase HIV/AIDS knowledge and improve access and services for those affected. Lessons learned are being shared among Romania, Bulgaria, Moldova, as well as the following areas in the Balkans: Albania, Bosnia-Herzegovina, Croatia, the UN-administered Province of Kosovo, the Former Yugoslav Republic of Macedonia, and the Federal Republic of Yugoslavia (Serbia and Montenegro). A national workshop in Romania will help train policy-makers and those in civil society on international standards concerning HIV/AIDS and child rights.

Vulnerable populations

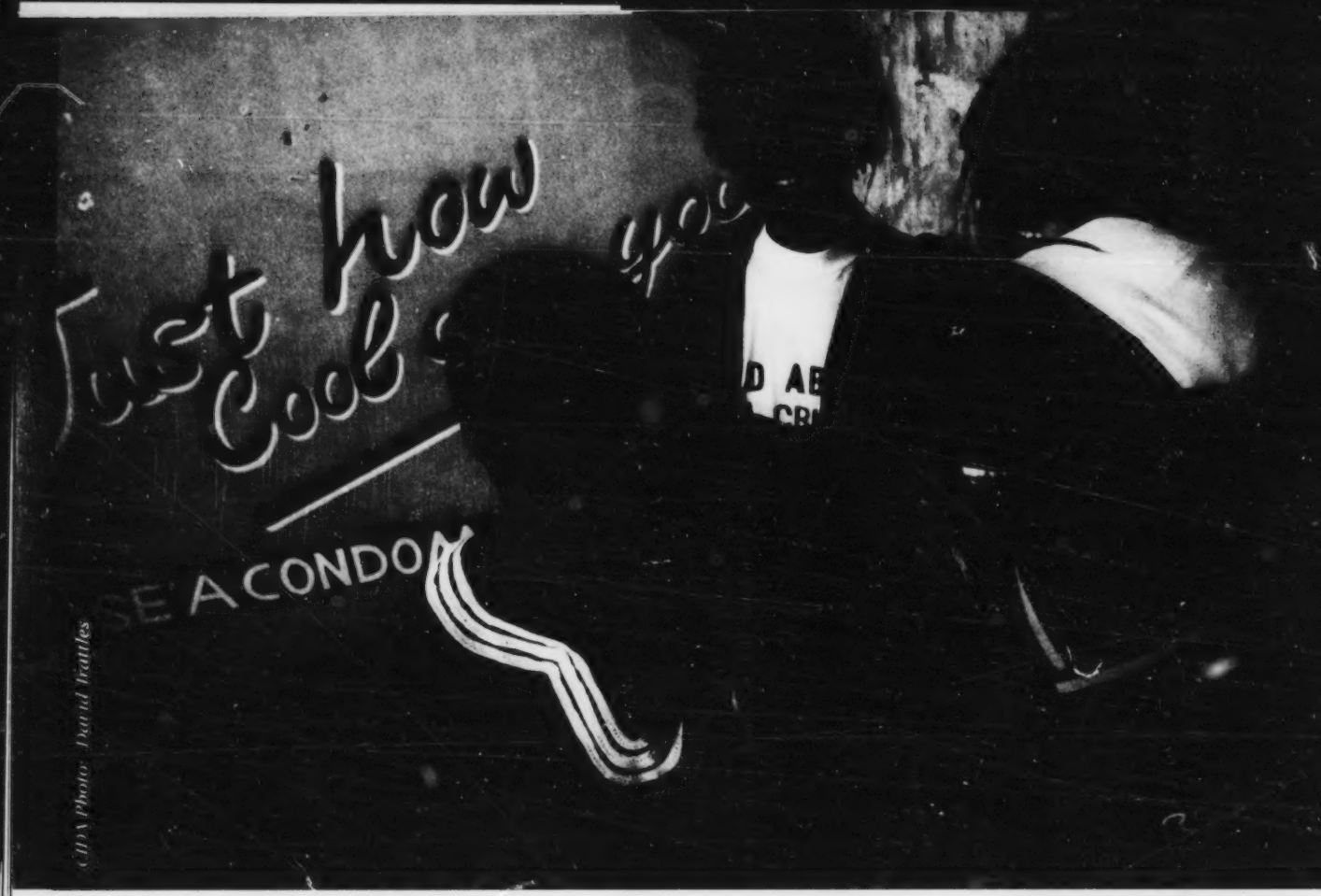
Certain factors make people—individuals and groups—particularly vulnerable to HIV infection, including poverty, lack of education, migration, and discrimination. Through its projects, CIDA focuses on those people at the greatest risk of HIV infection, such as CSWs and their clients, and intravenous drug users. CIDA also supports projects that reduce the vulnerability of girls and boys, particularly those orphaned by AIDS.

Zambia: microbusiness loans target widows, orphans, and youth

The SAT program supports a variety of community groups, including Harvest Help Zambia and the YWCA of Zambia, that look after society's most vulnerable people. Since 1997, Harvest Help Zambia has concentrated on four community development programs for the Tonga people in the Gwembe Valley of Southern Province. The HIV component of this project integrates prevention, counselling, home care, and access to microbusiness loans to women's associations and orphans. The YWCA of Zambia offers a microbusiness loan scheme for street and disadvantaged youth aged 14 to 20. It also offers a life-skills training program that integrates issues related to reproductive health, HIV/AIDS, child abuse, children's rights, and gender equality.

Central and Eastern Europe: youth use popular media to reach their peers

A CIDA-supported project in Romania, Moldova and Bulgaria targets youth and adolescents through information, education, and communication. Youth use different forms of popular media to educate their peers about HIV/AIDS.



CIDA Photo: David Battles

In 2001, the Moldova component embarked on various awareness-raising campaigns using popular media, such as radio and music, to reach young people. Two rock concerts attracted audiences of about 35,000 young people who heard messages about HIV/AIDS from performers on stage and from volunteers who mingled with the crowd. The role of volunteers, while difficult to measure, is nevertheless a positive sign in a country with traditionally low levels of civil society involvement.

In Romania, under the theme of "Take Care Not to Get Burned," a coalition of NGOs developed a summer HIV/AIDS campaign in 2001. High school students developed dramas that focused on sexual life, condom use, relationships, and the risk of HIV/AIDS. For the first time, the Ministry of Health actively participated in the campaign.

Southern Africa: female AIDS orphans get special attention

Before the creation of the Salima AIDS Support Organisation in Malawi, the health-care system essentially abandoned infected and affected people in the group's service area. People living with HIV were discharged without medical, physical, or emotional support. The impact was felt throughout society as more and more orphans turned into street children. In 2001, with support from CIDA's Southern Africa AIDS Training Program, the organization trained

72 volunteers who, among other critical priorities, helped meet the needs of 1,600 orphans.

Female orphans are particularly vulnerable. According to one expert on children affected by AIDS in Zimbabwe, nearly half of all female AIDS orphans have been raped by the time they reach the age of 17. As a result, SAT's School Without Walls is now giving training workshops to many welfare organizations for orphans on how to counsel and treat child survivors of sexual abuse.

Political commitment and leadership

To create a long-term national HIV/AIDS strategy, countries must embark on a sustained commitment to strengthen their response to HIV/AIDS. This involves improving service; providing training, supplies and equipment; strengthening management; and enhancing monitoring and evaluation. Increasingly, CIDA works in partnership with other donors to help countries develop and implement their own national HIV/AIDS strategies within the context of poverty reduction. Bringing together relevant government officials, donors, national AIDS-control personnel and international organizations creates synergies that can lead to cost effectiveness and increased political commitment.

Malawi: an HIV/AIDS network will help reduce infection

Along with other donors and the Government of Malawi, CIDA is providing funds to help the National AIDS Control Program coordinate the work of organizations working on HIV/AIDS. In addition, through capacity-building initiatives, CIDA is facilitating the strengthening of the National AIDS Commission. Ultimately, the initiative aims to reduce the incidence of HIV and other STIs, and to improve the quality of life of those infected and affected by HIV/AIDS.

India: a national program reinforces linkages

With CIDA's support, a consortium led by the University of Manitoba is assisting the Government of India's National AIDS Control Organization (NACO) to put its second national HIV/AIDS program into action. The project, which focuses on the states of Karnataka and Rajasthan, will help reinforce linkages and develop the institutional capacity of NACO and its Technical Resource Groups, as well as the State AIDS Societies and their NGO partners. The University of Manitoba is providing technical assistance, systems development, ongoing support and monitoring for the implementation and evaluation of high-quality HIV/AIDS prevention, and care demonstration projects at the district level in both states. Capacity building encompasses training and technical assistance for the state AIDS societies in the gathering of information for program planning and the creation of an enabling environment for HIV/AIDS prevention and care activities.

The Caribbean: a coordinated approach to HIV/AIDS

The Caribbean has the second-highest regional adult prevalence rate of HIV. Along with other donors, such as German Technical Cooperation and the U.K.'s Department for

CIDA Photo - Clive Shirley

International Development, CIDA has been helping the Caribbean Epidemiology Centre (CAREC) put in place a regional strategic plan to prevent and control HIV/AIDS.

An evaluation completed in 2002 noted several positive results: CAREC's advocacy had led to increased political commitment and resources for national HIV/AIDS programs. Its support for some NGOs, and especially for people living with HIV/AIDS, has contributed to expanding the regional response to the epidemic. It has achieved a minimum quality of laboratory services and testing diagnosis procedures for HIV across the region. It has developed appropriate regional guidelines for blood banks, the clinical management of HIV/AIDS, and the prevention of mother-to-child HIV transmission. In the next phase of this project, CAREC will continue to reinforce local ownership. Among its goals, the project seeks to strengthen national and regional surveillance systems, and improve diagnosis and service delivery, including the care and support of people living with HIV/AIDS.

Research and development

CIDA's HIV/AIDS Action Plan identifies research and development, particularly in the areas of vaccines and microbicides, as an opportunity for greater impact. Canadians have extensive expertise in the biomedical field, including the control of

STIs, epidemiology, clinical trials, and health-system development. Working with international partners, CIDA supports research and development in a variety of areas, including female-controlled HIV prevention methods, vaccines, and cost-effective therapies.

Africa: nevirapine reduces mother-to-child transmission

Every year about 1.8 million HIV-positive women become pregnant; approximately 700,000 infants become infected every year with HIV through mother-to-child transmission.

Some of the most promising research to combat HIV/AIDS revolves around mother-to-child transmission interventions. In Uganda, a single dose of the drug nevirapine given orally to the mother and her infant can reduce the risk of HIV transmission by as much as 50 percent. The nevirapine regimen, simple to administer and relatively inexpensive, has opened up new possibilities for helping other mothers and their infants.

In June 2000, CIDA supported a UNICEF study on the feasibility and effectiveness of nevirapine in reducing mother-to-child transmission of HIV. The funding covers operational research, including HIV testing, counselling, drug logistics, monitoring and evaluations. During 2001, CIDA funds helped screen more than 25,000 mothers for HIV and provided more than 1,000 mother-infant pairs with nevirapine therapy in Rwanda, Uganda, and Zambia. In 2002, CIDA provided further funding to help UNICEF expand and evaluate programs in these three African countries.

CIDA Photo: David Barnes

Photo: Shaun Meijer (photo.ca)

Zimbabwe: impact of Vitamin A studied

CIDA is supporting research on the impact of vitamin A in reducing infant mortality, mother-to-child transmission during breastfeeding, and postpartum maternal HIV infection. This project is being executed by the Montreal General Hospital Research Institute in collaboration with Johns Hopkins University, the University of Zimbabwe, and the City of Harare Health Department.

"Invisible condom" studies promising

Along with Health Canada, CIDA supports the Infectious Diseases Research Centre at Laval University in testing a microbicide gel known as the "invisible condom." Microbicides offer hope for a preventive option that women can more easily control because they can use them without the consent, or even the knowledge, of their partner.

AIDS vaccine research

CIDA supports the International AIDS Vaccine Initiative (IAVI), a global non-governmental consortium founded in 1996. The IAVI seeks to develop safe, effective, accessible, and preventive HIV vaccines for use throughout the world.

In addition to CIDA's large and far-reaching programs to fight AIDS, a series of smaller initiatives show a great deal of promise. Funded through a small grants program that encourages innovative and alternative approaches to HIV/AIDS programming, a number of small projects are exploring new and innovative approaches to this complex problem. Here is a cross-section of these projects from around the world:

- Aboriginal youth in Canada and communities in Swaziland are using popular theatre and giant puppets to raise awareness about HIV/AIDS.

- In Cape Town, Canadian and South African partners are encouraging budding young authors in a literacy project to address HIV/AIDS prevention through the use of hip-hop music, computer-based technologies, performance art, and graphic novels.

- A project in Botswana will provide training for counsellors; raise awareness in the legal, judicial and trade union sectors about legal rights; and examine possible income-generating activities for people living with HIV/AIDS.

- In Bolivia, adult and youth leaders are learning how to work in the field of HIV/AIDS prevention so they can conduct workshops for teens and youth in Cochabamba, the city with the highest HIV infection rate in the country.

- A Canadian-Belarus partnership has helped create a formal network of 20 local organizations that focuses on prevention and support for populations at risk.

- A South African NGO is using legal and human-rights tools to improve access to treatment for people living with HIV/AIDS in South Africa and other resource-poor countries.

- A Vancouver-based AIDS organization is working with its Mexican partner to create culturally appropriate materials for use in both Canada and Mexico.

For more information on CIDA's work on HIV/AIDS and a copy of the HIV/AIDS Action Plan, please visit CIDA's website at www.acdi-cida.gc.ca

Photo : UNICEF/HQ01-0150/Giacomo Pirozzi